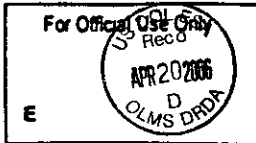


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>8865</b>	2 Fiscal Year Covered From <b>01/01/05</b> Through <b>12/31/05</b>
3 Name and address of person filing Name <b>GARY L ISHAM</b> P O Box Bldg Room No if any Street <b>6459 W PIERSON Rd</b> City <b>FLUSHING</b> State <b>MI</b> ZIP Code + 4 <b>48433</b>	4 Name file number and address of labor organization Name <b>MI CARPENTERS HEALTH CARE FUND</b> Labor Organization File Number <b>540-440</b> P O Box Building and Room Number if any Street <b>6525 LENTURION DR</b> City <b>LANSING</b> State <b>MI</b> ZIP Code + 4 <b>48917 9275</b>
5 Position in labor organization <b>TRUSTEE</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exc usions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 b Amount

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed *Gary L Isham* On 03/30/06 810-487-1234  
Date Telephone Number

## MICHIGAN CARPENTERS' HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM  
JANUARY 1, 2005 THROUGH DECEMBER 31 2005

GARY ISHAM

CHECK DATE	PAYEE	AMOUNT	PURPOSE
11/2/2004	International Foundation	\$960 00	Regist Fee for Annual Conf 11/05
10/12/2005	Gary Isham	\$2,300 00	Travel Advance Annual Conf 11/05
12/15/2005	Gary Isham	\$228 85	Add'l Travel for Annual Conf 11/05
TOTAL		\$3,488.85	
1/18/2005	Sheraton Hotel	\$110 41	Overnight Room for 12/10/04 BOT Mtg
2/8/2005	Gary Isham	\$81 03	2/8/05 Benefits Rev Co Mtg Transportation
2/9/2005	Gary Isham	\$51 03	2/9/05 BOT Meeting Transportation
5/11/2005	Gary Isham	\$66 60	5/11/05 BOT Meeting Transportation
7/7/2005	Gary Isham	\$58 32	7/7/07 Operational Rev Mtg Transportation
9/26/2005	Gary Isham	\$204 69	9/26-9/27/05 Joint Bd Mtg Transportation
12/9/2005	Gary Isham	\$84 99	12/9/05 BOT Meeting Transportation
12/21/2005	Boyne USA Resorts	\$269 27	Hotel exps for 9/26-9/27/05 Jt BO Mtgs
TOTAL		\$876.24	

Name of Person Filing

GARY L ISHAM

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

a Labor Organization

b Trust ☒

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name SAME AS PAGE ONE

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg. Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.